

1

TACTICAL COMBAT CASUALTY CARE (TCCC) CARD	
<b>BATTLE ROSTER #:</b> _____	
<b>EVAC:</b> <input type="checkbox"/> Urgent <input type="checkbox"/> Priority <input type="checkbox"/> Routine	
<b>NAME</b> (Last, First): _____	<b>LAST 4:</b> _____
<b>GENDER:</b> <input type="checkbox"/> M <input type="checkbox"/> F	<b>DATE</b> (DD-MMM-YY): _____
<b>SERVICE:</b> _____	<b>UNIT:</b> _____
<b>ALLERGIES:</b> _____	

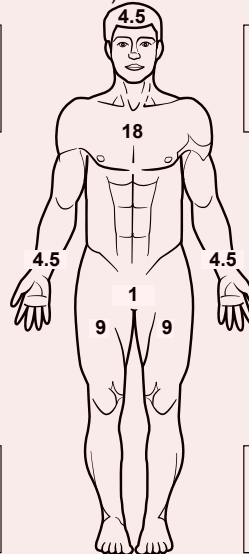
1

**Mechanism of Injury:** (X all that apply)

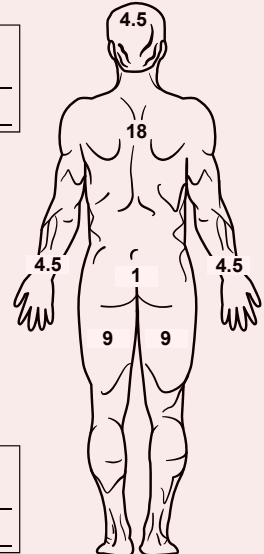
- ☐ Artillery ☐ Blunt ☐ Burn ☐ Fall ☐ Grenade ☐ GSW ☐ IED  
☐ Landmine ☐ MVC ☐ RPG ☐ Other: \_\_\_\_\_

**Injury:** (Mark injuries with an X)

**TQ: R Arm**  
 TYPE: \_\_\_\_\_  
 TIME: \_\_\_\_\_



**TQ: L Arm**  
 TYPE: \_\_\_\_\_  
 TIME: \_\_\_\_\_



**TQ: R Leg**  
 TYPE: \_\_\_\_\_  
 TIME: \_\_\_\_\_

**TQ: L Leg**  
 TYPE: \_\_\_\_\_  
 TIME: \_\_\_\_\_

2

2

**Signs & Symptoms:** (Fill in the blank)

Time				
Pulse (Rate & Location)				
Blood Pressure	/	/	/	/
Respiratory Rate				
Pulse Ox % O2 Sat				
AVPU				
Pain Scale (0-10)				

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4

5

6

7

8

<b>BATTLE ROSTER #:</b> _____					<b>4</b>
<b>EVAC:</b> <input type="checkbox"/> Urgent <input type="checkbox"/> Priority <input type="checkbox"/> Routine					
<b>Treatments:</b> (X all that apply, and fill in the blank)					<b>5</b>
<b>C: TQ-</b> <input type="checkbox"/> Extremity <input type="checkbox"/> Junctional <input type="checkbox"/> Truncal <b>Dressing-</b> <input type="checkbox"/> Hemostatic <input type="checkbox"/> Pressure <input type="checkbox"/> Other					
<b>A:</b> <input type="checkbox"/> Intact <input type="checkbox"/> NPA <input type="checkbox"/> CRIC <input type="checkbox"/> ET-Tube <input type="checkbox"/> SGA					
<b>B:</b> <input type="checkbox"/> O2 <input type="checkbox"/> Needle-D <input type="checkbox"/> Chest-Tube <input type="checkbox"/> Chest-Seal					
<b>C:</b>	<i>Name</i>	<i>Volume</i>	<i>Route</i>	<i>Time</i>	
<i>Fluid</i>					
<i>Blood Product</i>					
<b>MEDS:</b>					<b>6</b>
<i>Analgesic</i> (e.g., Ketamine, Fentanyl, Morphine)					
<i>Antibiotic</i> (e.g., Moxifloxacin, Ertapenem)					
<i>Other</i> (e.g., TXA)					
<b>OTHER:</b> <input type="checkbox"/> Combat-Pill-Pack <input type="checkbox"/> Eye-Shield ( <input type="checkbox"/> R <input type="checkbox"/> L) <input type="checkbox"/> Splint <input type="checkbox"/> Hypothermia-Prevention Type: _____					
<b>NOTES:</b>					<b>7</b>
<b>FIRST RESPONDER</b>					<b>8</b>
<b>NAME</b> (Last, First): _____				<b>LAST 4:</b> _____	
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TCCC CARD					